PATENT JFW/ DOCKET NO. Q147-US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application of:

TSUKAMOTO et al.

Examiner:

Edward H. Tso

Serial No.:

10/718,927

Art Unit:

2838

Filed: November 19, 2003

For:

IMPLANTABLE MEDICAL

POWER MODULE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AND REQUEST FOR RECONSIDERATION

This communication is in response to the Office Action mailed October 20, 2004.

AG 00.03

01 FC:2251

03/11/5002 blonest 00000003 200351 1018857

FEE TRANSMITTAL

X.1	
Atjoiney Docket No.	Q147-US2
First Named Inventor:	Hisashi Tsukamoto et al.
Application Number	10/718,927
Filing Date:	November 19, 2003
Examiner Name:	Edward H. Tso
Group/Art Unit:	2838

TOTAL AMOUNT OF PAYMENT:	\$ 000.00
METHOD OF PAYMENT (check One)	The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:
	Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC
	X. Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
	2 Payment Enclosed: Check Money Order Other Credit Card

2. UTILITY Basic Filing Fee & Claims

(1) For) For (2) No. filed (3) No. extra (4) Large Entity (5) Small Entity							
Basic Filing Fee	xx	xx	\$ 300.00	\$150.00	\$.00			
Total Claims	30 - 70 =	0	X \$ 50.00	X \$ 25.00	\$.00			
Independent Claims	4 - 7=	0	X \$ 200.00	X \$ 100.00	\$.00			
Multiple Dependent Cla	\$.00							
	Total of above Calculations =							

Basic Filing Fee	Large Entity	Total			
Design filing fee	\$ 200.00	\$ 100.00	\$ 000.00		
Reissue filing fee	\$ 300.00	\$ 150.00	\$ 0.00		
Provisional filing fee	\$ 200.00	\$ 100.00	\$ 00.00		
	Total of above Calculations =				

. ADDITIONAL FEES		18927	00 VV 100 00 W 200351 103	1e Ref: 00000002 1
Fee Description	Large Entity	Small Entity	136000 70000000 Other	\11\5002 blokest
	S	S	S	
	\$	S	S	
	S	\$	S	
	S	S	\$	
		TOTAL:	S	

Name (print/type)	TRAVIS L. DODD	Registration N (Attorney/Age		42,491
Signature		Date	2/15/20	005



TRANSMITTAL FORM (to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/718,927
Filing Date	November 19, 2003
First Named Inventor	Hisashi Tsukamoto et al.
Group Art Unit	2838
Examiner Name	Edward Tso
Attorney Docket Number	Q147-US2

x Fee fransmittal Form ((for an Application) to Group x Fee Authorized Drawing(s) Appeal Communication to Bo of Appeats and Interferences Appeal Communication to Group Appeal Communication to Group	ENCLOSURES (check all that apply)						
X Amendment Licensing-related Papers After Final Proprietary Information Status Letter Other Enclosure(s) (please identify below): Express Abandonment Request Request for Refund CD, Number of CD(s) Remarks Certified Copy of Priority Document(s) Response to Missing Parts Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 Customer Number or Bar Code Label 31815	x Fee Transmittal Form		After Allowance Communication to Group				
After Final Application Power of Attorney, Revocation Change of Correspondence Address Status Letter Other Enclosure(s) (please identify below): Correspondence Address Cor	x Fee Authorized	Drawing(s)	Appeal Communication to Board of Appeals and Interferences				
Application Application Proprietary Intormation Application Power of Attorney, Revocation Change of Correspondence Address Cother Enclosure(s) (please identify below): Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 Application Proprietary Intormation Proprietary Intormation Status Letter Other Enclosure(s) (please identify below): Cother Enclosure(s) (please identify below): Remarks	X Amendment	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 Customer Number or Bar Code Label Other Enclosure(s) (please identify below): CD, Number of CD(s) Remarks CD, Number of CD(s) Remarks Customer Number or Bar Code Label 31815	After Final		Proprietary Information				
Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 Customer Number or Ber Code Label Terminal Disclaimer (please identify below): CD, Number of CD(s) Remarks CD, Number of CD(s) Remarks	Affidavits/declaration(s)		Status Letter				
Information Disclosure Statement CD, Number of CD(s) Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 Customer Number or Ber Code Label 31815	Extension of Time Request	Terminal Disclaimer					
Information Disclosure Statement Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 Customer Number or Ber Code Label 31815	Express Abandonment Request	Request for Refund					
Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 Customer Number or Ber Code Label 31815	Information Disclosure Statement	CD, Number of CD(s)					
Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 Customer Number or Ber Code Label 31815		Remarks					
Application Response to Missing Parts under 37 CFR 1.52 or 1.53 Customer Number or Ber Code Label 31815	Certified Copy of Priority Document(s)						
37 CFR 1.52 or 1.53 Customer Number or Ber Code Label 31815							
Costonies Number of Bas Code Laber			_				
	Customer Number or Bar Code Label	1-1-1-1					
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.							
Respectfully submitted,							
Deted: 2/15/2005 By:	Dated: 2/15/2005	By:					
Phone: (818) 833-2014 Travis Dodd		Travis Dodd					
Fax: (818) 833-2065 Attomeys for Applicant(s) P.O. Box 923127 Sylmar, CA 91392-3127	Fax: (818) 833-2065	P.O. Box 923127					

	CERTIFICATE OF MAILING		
mail	his correspondence is being deposited with the United States Post assed to: Commissioner of Patents and Trademarks, Washington,		
Typed or printed name	TRAVIS DODD		
Signature		Date	



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Art Unit:

2838

Hisashi Tsukamoto et al.

Examiner: Edward H. Tso

Serial No:

10/718,927

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For:

IMPLANTABLE MEDICAL POWER

MODULE

CERTIFICATE OF MAILING VIA FIRST CLASS MAIL (37 CFR 1.8)

Dated: February 15, 2005

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

I hereby certify that the following attached documents are being deposited with the United States Postal Service as first class mail under 37 CFR 1.8 on the date indicated above and are addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

- 1. Transmittal Letter
- 2. Fee Transmittal Letter (in duplicate)
- 3. Amendment and Request for Reconsideration
- 4. Self addressed stamped postcard

February 15, 2005

Date of Deposit

Lisa K. Robbins

Name of Person Mailing paper or fee

Signature

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application or Docket Number Application or Docket Number

	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY									1		
T	OTAL CLAIMS		20				ŀ	RATE	FEE]	RATE	FEE
FC	DR _		NUMBER	FILED .	NUMB	IER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	20 - mir	nus 20=	· 6			X\$ 9=		OR	X\$18=	
IN	DEPENDENT C	LAIMS	4 - mi	inus 3 =	1/			X43=	43.	ØR.	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT +145= OR +290=										+290=		
* 11	* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL #25. OR TOTAL											
	С	LAIMS AS A (Column 1)	MENDEC	PAR' - (Colun		(Column 3)		SMALL!	ENTITY	OR	OTHER SMALL	
		CLAIMS	1	HIGH		1	ו ו				-	
ENT A	·	REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		E] [X\$ 9=		OR	X\$18=	
AME	Independent	+	Minus	***		<u> -</u>	! [X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
			L	TOTAL			TOTAL					
			1	ADDIT. FEE		OR	ADDIT. FEE					
		(Column 1)		(Colun	nn 2)	(Column 3)	L					1
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AME	Independent	*	Minus	***		=] [X43=		OR	X86=	
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		•					L	TOTAL VDDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		_(Colum	ın 2)	(Column 3)				•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus.	**		= .		X\$ 9=		OR	X\$18=	
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	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		ľ	+145=			+290=	
• {	th entry in colur	nn 1 is less than th	e ntry in colu	nn 2, write	"O" in cob	umn 3.	L	TOTAL		OR	TOTAL	
***	"If the entry in column 1 is less than the nary in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE 770.00 385.00 BASIC FEE OR TOTAL CHARGEABLE CLAIMS 20 - minus 20= XS 9= X\$18= OR INDEPENDENT CLAIMS -minus 3 = X43= X86= φz . **TR** MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL 428 TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY (Column 1) OR SMALL ENTITY (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-⋖ REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL ENDMENT AFTER **PREVIOUSLY FXTRA** FEE **AMENDMENT** PAID FOR FEE Total 20 Minus XS 9= X\$18= OR independent Minus X43= X86= OΩ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 1) (Column 3) CLAMAS HIGHEST ADDI-0 ADDI-REMAINING NUMBER PRESENT ENT RATE TIONAL RATE TIONAL AFTER PREVIOUSLY EXTRA AMENDMENT PAID FOR FEE FEE MENDMI Total Minus X\$ 9= X\$18= OR Independent X43-X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OR +290= TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) lic'i Est ADDI-ADDI-REMAINING NUMBER PRESENT ENDMENT AFTER PREVIOUSLY RATE TIONAL TIONAL RATE EXTRA AMENDMENT PAID FOR FEE FFF Total Minus X\$ 9= X\$18= OR Independent Minus X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR * If the entry in column 1 is less than the intry in column 2, write "0" in column 3. 705/01 TOTAL ** If th "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADOIT, FEE ADDIT. FEE "If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application grDocket Number

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Numbe PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) RATE NUMBER EXTRA RATE NUMBER FILED FOR 700.00BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR minus 3 = (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT TOTAL OR TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 3) (Column 2) (Column 1) **HIGHEST** CLAIMS RATE ADDI-PRESENT ADDI-RATE NUMBER REMAINING TIONAL TIONAL PREVIOUSLY EXTRA AFTER EN FEE FEE PAID FOR AMENDMENT Minus Total (37 CFR 1.16(c)) OR **AMENDM** Minus Independent (37 CFR 1.16(b)) OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL OR ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS RATE ADDI-PRESENT RATE ADDI-NUMBER മ REMAINING TIONAL TIONAL **EXTRA PREVIOUSLY** AFTER FEE ENDMENT FEE PAID FOR AMENDMENT 25 Minus Total OR (37 CFR 1.16(c)) Minus Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS RATE ADDI-PRESENT ADDI-RATE NUMBER O REMAINING TIONAL TIONAL FEE **EXTRA PREVIOUSLY** ENT AFTER FEE AMENDMENT PAID FOR Minus Total ENDM OR (37 CFR 1.16(c)) Minus independent (37 CFR 1.16(b)) OR ₹ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL OR ADD'L FEE ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the Inis collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.